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ECONOMIC ASPECTS OF INDIVIDUAL TREATMENT IN POLAND—OUT-PATIENT VIEWPOINT

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Fast and dynamic development of medicine and pharmacy is linked not only with efficacy and safety of drugs but also with their cost-effectiveness, especially when patients' co-payment systematically increases. **OBJECTIVES:** To investigate the recognition of the term "pharmacoeconomics" by patients of an open pharmacy and the role of economic aspects in decision making concerning drug purchases. **METHODS:** A total of 270 patients (170 suffering from chronic and 100 from acute diseases) were interviewed (18 questions with a 5 level weighted / validity scale). **RESULTS:** A total of 67% of respondents were able to define (more or less precisely) the term "pharmacoeconomics". Thirty percent (30%) of patients treated acutely and eight 8% chronically were unable to pay for their prescriptions (level of co-payment too high), which decreases their compliance (different factors also apply). Price elasticity of demand was low: 67 out of 100 treated chronically and 76 out of 100 treated acutely would not have a prescription made up if the price of a drug increased by 50%. On the other hand, 88% and 92% of patients treated for chronic and acute diseases respectively would find sources of finance if non-treatment led to serious health consequences and 93% of respondents would pay more for a drug if they were sure it was absolutely safe. Forty percent (40%) of respondents declared that they would like to use only drugs which make them able to work, 81% prefer to take effective but sometimes expensive drugs in order to shorten hospitalization time. **CONCLUSIONS:** Elements of cost-effectiveness, relationship between the price of a drug and its effectiveness and safety as well as different cost components linked to a medical condition remain within the scope of interest of patients purchasing drugs in pharmacy.

PHP15

PREFERENCES MATTER: UNDERSTANDING DEMAND FOR VOLUNTARY HEALTH INSURANCE

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OBJECTIVES: The aim of this study was to explore individual and community factors affecting the decision making process leading to purchase of voluntary health insurance among a rural community in sub-Saharan Africa. Such intervention is crucial in the context given that, by pooling resources and risks across a community, it can increase equitable access to health care services and reduce health disparities. **METHODS:** The study used qualitative research methods to understand consumers' preferences in relation to their decision to purchase voluntary health insurance. This approach was considered preferable to quantitative methods traditionally used in demand analysis because of its potential to capture the complexity involved. Thirty-two respondents were selected for an individual in-depth interview using a stratified sampling design based on insurance status, distance to health facility and socio-economic status. All interviews were tape recorded, fully translated and transcribed, analyzed and triangulated by two independent researchers using Atlas.ti software. Data from eight focus group discussions provided an additional valuable source of triangulation. **RESULTS:** Participants, regardless of insurance status, understood the insurance potential to decrease health inequalities by facilitating access to Health Care services. They justified their decision to purchase or

not to purchase insurance in relation to their preference regarding specific elements of the scheme, including the enrollment unit, the benefit package, the management structure, the payment modalities, and the timing of the enrollment campaign. **CONCLUSIONS:** The use of qualitative methods led to a thorough investigation of consumers' preferences. It allowed to formulate clear and concise policy recommendations to be used to redirect the scheme design. The qualitative approach proved to be a valuable tool for understanding consumers' preferences in relation to the formulation of health policy suggesting that in many circumstances, it is to be preferred to traditional quantitative methods as an evaluation technique.

PHP16

PHARMACOECONOMICS INTRODUCTION IN THE CREATION OF POSITIVE DRUG LIST IN BULGARIA

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OBJECTIVES: To analyze the effect of the introduction of pharmacoeconomics evaluations in the creation of a positive drug list in Bulgaria. **METHODS:** Legislation analysis of the current regulation for the creation of positive drug lists and its impact on the number of medicines proposed for reimbursement and included in the list. **RESULTS:** Regulation for the creation of positive drug lists was issued in 2002 in Bulgaria with the aim to establish clear criteria for the selection of medicines for the reimbursement practice and decrease the number of reimbursed drugs. The medicines were separated into three main classes—originators; medicines for which there is a therapeutic alternative but which have higher efficiency or less adverse drug events, and generic medicines. For the first two groups, producers were asked to prepare pharmacoeconomic evaluation following previously established form. Out of the 3500 dosage forms registered in the country as prescription medicines, 2852 dossiers were submitted, of which 2477 dosage forms were included in the positive drug list (550 INN). Originators account for 63%, imported generics for 19% and domestic generics for 18%. Excluded medicines compose 45% originators, 20% imported generics, 18% domestic generics. In comparison with previously existing drug lists, the number of drugs did not decrease significantly. Main difficulties during the evaluation process were lack of pharmacoeconomics analysis within the country, lack of national pharmacoeconomic guidelines and changes in the companies pricing policy. **CONCLUSIONS:** The introduction of pharmacoeconomic evaluation during the process of the creation of a positive drug list in Bulgaria did not decrease the number of selected medicines but stimulate companies to start developing evaluations within the country.

PHP17

MEDICINAL CANNABIS IN THE NETHERLANDS

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OBJECTIVES: In The Netherlands, cannabis has been available for medicinal purposes in pharmacies upon prescription by a medical doctor since September 2003. This research was done to study the characteristics of patients that start to use cannabis from pharmacies. **METHODS:** A national enquiry was started to identify all patients who were prescribed medicinal cannabis. Patients were contacted by their pharmacist to fill out a questionnaire. The questionnaire contained items about characteristics of patients; complaints and morbidity; use of cannabis; experiences with other cannabis products. Furthermore, history of drug use was collected. **RESULTS:** In total, 200 patients